

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	1						51					
2		1					52					1
3							53					
4		1					54					
5		1					55					
6							56					
7							57					
8							58					
9							59					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		4					TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					